

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000092408

**Entity Name:** SHAMROCK DENTAL FRANCHISES, INC.

**Current Principal Place of Business:**

1490 PASADENA AVENUE S.  
SOUTH PASADENA, FL 33707

**Current Mailing Address:**

1490 PASADENA AVENUE S.  
SOUTH PASADENA, FL 33707

**FEI Number: 54-2078308**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BRINKLEY, LINSTER ESQ  
111 SECOND AVE. N.E.  
#900  
ST PETERSBURG, FL 33701 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            POLL  
Name            POLLOCK, STEVE V  
Address        1490 PASADENA AVE. S.  
City-State-Zip: SOUTH PASADENA FL 33707

Title            P  
Name            POLLOCK, ALBERT B  
Address        1490 PASADENA AVE S.  
City-State-Zip: SOUTH PASADENA FL 33707

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: STEVE POLLOCK**

**PRESIDENT**

**07/18/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date